NOTICE OF FORM CHANGE NO. 05-039	DATE 04-19-2005
TO: County Welfare Director Supply Clerk / Forms Coordinator	FROM: Forms Management Unit (916) 657-1907
☐ Community Care Licensing District Offices ☐ Private and Public Adoption Agencies	☐ District Attorney ☐ Other
Listed below is information regarding a form change. Only app	olicable information is shown.
This notice updates your Department of Social Services Count	ty Forms Catalog.
FORM NUMBER AND TITLE SEE LIST BELOW OF OBSOLETED FOR	RMS
ORDER UNIT	IATED PRICE INITIAL SUPPLY SENT
□ New     □ Revised         Date of form       Replace	CES   Obsolete
REQUIRED FORM-  No Change Permitted Substitute Permitted With	th Prior DSS Approval Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788	Other:
FORMS DISPOSITION AN	ID SPECIAL INSTRUCTIONS
DISPOSITION OF OLD SUPPLY  ☐ Use until exhausted	] Destroy
USE NEW FORM  ☐ When supply available in DSS Warehouse	Use new form effective
USE FORM IN ACCORDANCE WITH  ☐ All County Letter No.  ☐ Other (specify)  ACIN I-19-05	
ADDITIONAL INFORMATION REGARDING FORM CHANGE	
These forms are obsoleted as of the date of the ACIN:	
DFA 286 ENGLISH AND SPANISH DFA 290 ENGLISH AND SPANISH DFA 293 ENGLISH AND SPANISH DFA 301 ENGLISH AND SPANISH FS 5 ENGLISH AND SPANISH	

FS 15 ENGLISH AND SPANISH